

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN		1-1-10 to 6-30-10 MILWAUKEE COUNTY ELECTION COMMISSION
Is This Report an Amendment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20 JUN 32 AM 8:18 RECEIVED OFFICE USE ONLY
Instructions for completing schedules are on the back of each schedule.		
COMMITTEE IDENTIFICATION		
Name of Committee FRIENDS OF JIM SCHMITT		
Street Address 2517 N. 88TH ST.		WSEB ID Number:
City, State and Zip Code WAUKESHA WI 53226		

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

<input type="checkbox"/> January Continuing	<input type="checkbox"/> Pre-Primary	<input checked="" type="checkbox"/> Spring	<input type="checkbox"/> Fall	<input type="checkbox"/> Special	<input type="checkbox"/> Termination Report also complete Schedule 4
<input type="checkbox"/> July Continuing	<input type="checkbox"/> Pre-Election	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	<input type="checkbox"/> Special	

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ —	\$ —	\$ —
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ —	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ 0	\$ —	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ —	\$ —	\$ —
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 0	\$ —	\$ —	\$ —
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ —	\$ —	\$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0	\$ —	\$ —	\$ —

CASH SUMMARY

Cash Balance Beginning of Report	\$ 3600.05		\$ 3600.05
Total Receipts	\$ 0		\$ —
Subtotal	\$ 0		\$ 3600.05
Total Disbursements	\$ 0		\$ —
CASH BALANCE END OF REPORT	\$ 3,600.05		\$ 3600.05
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0		\$ —
LOANS (Balance at the Close of This Period-3B)	\$ 0		\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer James J Schmitt	Signature of Candidate or Treasurer 	Date: 7-02-10	Daytime Phone: 414 278-4273
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The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.